

**South Carolina Department of Health and Environmental Control  
School Dental Prevention Program Supervising Dentist**

As a dentist billing for or supervising the following preventive services: topical fluoride, dental sealants and oral prophylaxis provided by the dental hygienist in a public health setting with the Department of Health and Environmental Control, I understand that I am the provider of services and am clinically responsible for the care and treatment of the patients treated by the dental hygienist/s employed by the School Dental Prevention Program.

Dentist Name (Print): \_\_\_\_\_

Dentist Signature: \_\_\_\_\_

School Dental Prevention Program Name: \_\_\_\_\_

Applicable School Districts: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_